

**REQUEST FOR A CERTIFICATE OF GOOD STANDING
OR A WALL CERTIFICATE**

File this request form in

miscellaneous case number 1:22-mc-2

ATTORNEY INFORMATION

Full Name: _____ SDNY Bar Code: _____

Firm/Company Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: () _____ ---- _____ Email: _____

Date of Admission to the Southern District of NY : _____

Requesting: Certificate Wall Certificate

Signature of Attorney:  _____

New info: Attach this pdf to your electronic request for Certificate of Good Standing or Wall

Certificate. Also, payment of the fee shall be paid via pay.gov within the event request. If you need

assistance with filing this document, see our website for further instructions.